MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

06348

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilbur Bennett

3. (b) Social Security Number NONE

4. Sex M

5. Color or race Wht.

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife NONE

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. (day unknown) 1880

8. AGE: Years 59 Months 6 Days If less than one day hrs. min.

9. Birthplace Denton, Caroline, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business "

FATHER 12. Name Cornelius D. Bennett

13. Birthplace near Denton

MOTHER 14. Maiden name Rhoda Adams

15. Birthplace near Denton

16. Informant Irving Bennett

Address Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6, 1940 (month) (day) (year)

Cemetery or crematory Denton

Location Denton, Md.

18. Funeral director J. Virgil Moore & Son

Address Denton, Md.

19. 6-6 1940 Mm DO George (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 5 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Cerd suddenly etc result of being placed

Due to by auto mother

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Melvin N Nichols M.D. or other

Address Orfeity Medical Examiner Date signed June 6 1940

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

66349

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lacy Cannon

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1900

8. AGE: Years	Months	Days	If less than one day
About 40	-	-	hrs. min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Way Work

FATHER 12. Name Stephen Cannon

FATHER 13. Birthplace Caroline County, Maryland

MOTHER 14. Maiden name Rose Adams

MOTHER 15. Birthplace Caroline County, Maryland

16. Informant Harry Cannon

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20, 1940 (month) (day) (year)

Cemetery or crematory Federalsburg Colored Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. June 17 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Shot in Neck - Homicidal	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

~~Accident, suicide, or~~ homicide Homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilbur H Nichols M. D. or other

Address Deputy Medical Examiner Date signed 6/7/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06350

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
County Caroline
City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred: 122 Denton Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. 122 Denton Road
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Charles Richard Collins

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife Susie Collins

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 4, 1865

8. AGE:

Years	Months	Days	If less than one day
74	8	20	...hrs. ...min.

9. Birthplace Caroline County Maryland
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Farm

FATHER
12. Name Israel Collins
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name May —
15. Birthplace No data available

16. Informant Mrs. Susie Collins
Address Federalsburg, Maryland

17. Burial Date thereof June 27 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Federalsburg Colored Cemetery
Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland

19. June 26 1940 S. S. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 6:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1940, to June 22 1940
and that I last saw h.m. alive on June 22 1940

	DURATION
Immediate cause of death Cerebral Hemorrhage	7 wks
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE N. L. Small, M.D.
M. D. or other
Address Denton, Md. Date signed 6-26-40

6-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

06351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline

City or town Ridgely
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fifer Hospital

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Wye Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Baby Covington

3. (b) Social Security Number none

4. Sex 7 wk feature unknown

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 1, 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Ridgely, Caroline Co. Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Calvin Covington
13. Birthplace Centreville, Maryland

MOTHER
14. Maiden name Doris McClintock
15. Birthplace Barnsley, Pa.

16. Informant Doris Covington - mother

Address Wye Mills, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 1940 (month) (day) (year)

Cemetery or crematory lot

Location Ridgely, Md.

18. Funeral director Colbert Henry, Acting

Address Ridgely, Md.

19. June 1 1940 (Date rec'd by registrar) J. D. Doris. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 0 19, to 0 19, and that I last saw h ✓ alive on 0 19.

Immediate cause of death

Due to miscarriage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. S. Fifer M.D. M. D. or other

Address Ridgely Md Date signed 6-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06352

Reg. Dist. No. 64

1. PLACE OF DEATH:
County Caroline
City or town Federalsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Preston Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hilltop Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Fischbach

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Henry Fischbach
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) January 1, 1869

8. AGE: Years 71 Months 5 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home
FATHER 12. Name Jacob Appel
13. Birthplace Germany
MOTHER 14. Maiden name No data available
15. Birthplace
16. Informant Mrs. Carl Reagan
Address Federalsburg, Maryland, R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18 1940 (month) (day) (year)
Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland
18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland
19. June 15 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15th 1940, to June 15 1940, and that I last saw her alive on June 15 1940.
Immediate cause of death Coronary Thrombosis — DURATION 2 hrs.
Due to First Contact
Due to Pulseless in Arrival.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

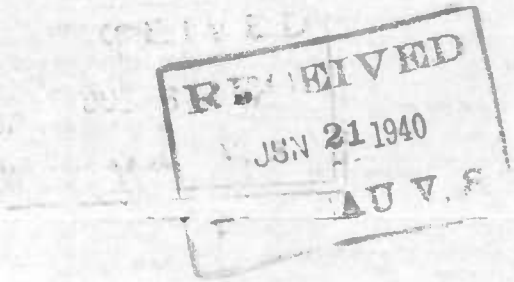
23. SIGNATURE W. E. Lemmon MD M. D. or other
Address Federalsburg Md Date signed 6/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

Authorization & change item 21 see letter filed under Lennon in permanent file. 6/27/40 B.



MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-b)

06353

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 7 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Kent
City or town: Felton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 610 High Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Julia A. Lane

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband ~~or wife~~: William A. Lane
deceased
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): June 2-1854
8. AGE: Years: 86 Months: — Days: 18 If less than one day ____ hrs. ____ min.
9. Birthplace: Delaware (Town, county, and state)
10. Usual occupation: House work
11. Industry or business
FATHER
12. Name: William Montagee
13. Birthplace: Delaware
MOTHER
14. Maiden name: Mary A Marshall
15. Birthplace: Maryland
16. Informant: Conrad Lane
Address: Denton Md.
17. ____ (Burial, cremation, or removal. Which?) Date thereof: June 23, 1940 (month) (day) (year)
Cemetery or crematory: Barratts Chapel
Location: near Frederica Del.
18. Funeral director: William A Berry
Address: Felton Del.
19. 6-22 1940 (Date rec'd by registrar) Mrs D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940, at 9 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to June 20 1940, and that I last saw her alive on June 20 1940.
Immediate cause of death: Mitral Regurgitation
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Marion N Nichols M. D. or other
Address: Denton Md Date signed: 7/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06354

1. PLACE OF DEATH (8)

County Caroline Registration Dist. No. 60

Village or City Henderson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby boy Murray If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
born dead				

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Henderson
(State or country) Maryland

FATHER

13. NAME Roosevelt Thomas

14. BIRTHPLACE (city or town) Cape Charles
(State or country) Va.

MOTHER

15. MAIDEN NAME Grace Murray

16. BIRTHPLACE (city or town) Greensbor o
(State or country) Md.

17. INFORMANT R oosevelt Thomas
(Address) Henderson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place "Crocus" near Greensboro, Md. Date June 5, 1940

19. UNDERTAKER Roosevelt Thomas
(Address) Henderson

20. FILED [illegible], 19[illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
t last saw h aliva on , 19; death is said
to have occurred on the dete stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Premature Stillborn	

Dther Contributory Causes of importance:

Nama of operation Date of

Whet tast confirmad diegnosis? Wes there an autopsy?

23. If daath was due to external causes (VIOLENCE) fill in also tha following:
Accident, suicide, or homicide? Date of Injury, 19
Whera did Injury occur?
(Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of injury
Nature of injury

24. Was disease or injury in any way relatad to occupation of deceased?
If so, spacify
(Signed) M. D.
(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 6 1927 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06355

1. PLACE OF DEATH (93d)

County Caroline Registration Dist. No. 64

Village or City Federalsburg No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Eugene Price If U. S. Veteran, specify WAR —

(a) Residence: No. Federalsburg Md. St., Ward. Social Security # 717-07-9057
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Walters Price

6. DATE OF BIRTH (month, day, and year): Nov. 25-1874

7. AGE: Years 65 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Foreman P.R.R.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Track Gang

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): New Jersey

FATHER

13. NAME: James H. Price

14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

15. MAIDEN NAME: Elizabeth Butterworth

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT (Address): Mrs Elsie W. Price, Federalsburg Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Barrett's Chapel Near Frederica, Delaware Date: June 13, 1940

19. UNDERTAKER (Address): William A. Berry, Felton, Delaware

20. FILED: June 10th, 1940 J. J. Frampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1939, to June 9, 1940

I last saw him alive on June 9, 1940; death is said to have occurred on the date stated above, at 10.50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocardetis with Hypertension	1933

Other Contributory Causes of Importance:

Cerebral Hemmorrhages - Multiple -	10/30/39

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) W. E. Lemmon M. D.

(Address) Federalsburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 8 1929
BUREAU OF S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

06930

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Federalsburg, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: None
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): full life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Federalsburg, Md. R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: None
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Oliver J. Reaser

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife: Lilia Reaser
6(c) If alive, give age: deceased years

7. Birth date of deceased (mo., day, yr.): June 11, 1866

8. AGE: Years	Months	Days	If less than one day
74		18	hrs. min.

9. Birthplace: Pa.
(Town, county, and state)

10. Usual occupation: saw mill & lumber business

11. Industry or business: " " " "

FATHER
12. Name: George Reaser
13. Birthplace: Pa

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: Owen O. Reaser
Address: Federalsburg, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30, 1940 (month) (day) (year)
Cemetery or crematory: Bloomery Cemetery
Location: Near Smithville, Md.

18. Funeral director: C. W. Adams
Address: Federalsburg, Md.

19. 6/30/1940 (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/28/1940 to 6/28/1940 and that I last saw him alive on 6/28/1940

Immediate cause of death	DURATION
Coronary Thrombosis	2 hrs.
Due to	
Due to Chronic Myocarditis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M.D.
M. D. or other
Address: Federalsburg, md. Date signed 6/29/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-D)

06356

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline

City or town Greensboro Md R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Smith

3. (b) Social Security Number

4. Sex: Female

5. Color or race: B

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irvine Smith

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1901

8. AGE: Years 38 | Months 9 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace Easton, Caroline, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John M. Green

13. Birthplace Maryland

MOTHER

14. Maiden name Ellen Williamson

15. Birthplace Md

16. Informant Irvine Smith

Address Greensboro Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28, 1940 (month) (day) (year)

Cemetery or crematory Cokers Burying Land

Location Near Greensboro

18. Funeral director Raymond B. Rawlings

Address Greensboro Md

19. June 27 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 7.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1940, to June 24 1940, and that I last saw her alive on June 24 1940.

Immediate cause of death: Pulmonary Carcinosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Stoneyfer M.D. M. D. or other

Address Greensboro Md Date signed June 27 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-d)

CERTIFICATE OF DEATH

06357

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Near Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Edward Titsworth

3. (b) Social Security Number 706-18-0268 (Poss. ~~[illegible]~~

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Edith Sinclair Titsworth

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1873

8. AGE: Years 65 Months 11 Days 29 If less than one day hrs. min.

9. Birthplace New Jersey.
(Town, county, and state)

10. Usual occupation Retired Engineer Bg Bg

11. Industry or business

FATHER
12. Name John Titsworth
13. Birthplace New Jersey.

MOTHER
14. Maiden name Jane Schoonover
15. Birthplace New Jersey.

16. Informant Mrs Edith Titsworth wife

Address Denton, Md. R.D.

17. Buried Date thereof 6-11-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Maryland

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 6-10 1940 Mrs D O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1940, at 12 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Cred by being checked as he was eating

Due to a piece of meat

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Malvin N Nichol M. D. or other

Address Deputy Medical Examiner Date signed 6/11/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06358

93-d

1. PLACE OF DEATH

County Caroline Registration Dist. No. 62

Village or City Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Rosella Wilcox If U. S. Veteran, specify WAR

(a) Residence: No. Denton, Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wilcox

6. DATE OF BIRTH (month, day, and year) Nov 16th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER

13. NAME Barnette Bailey

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Helen Bailey

16. BIRTHPLACE (city or town) (State or country) U. S.

17. INFORMANT John Wilcox (Husband)
(Address) Denton R.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Carversville Pa Date June 26th, 1940

19. UNDERTAKER J. Virgil Adkins & Son
(Address) Denton Md.

20. FILED 6-24, 1940 Wm S O Geary
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 24 (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 26 1940, to June 24, 1940

I last saw her alive on June 23, 1940; death is said to have occurred on the date stated above, at 1 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 3 1940
with Hemiplegia	

Other **Contributory Causes** of Importance:

Chronic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H Stoltzfus M. D.

(Address) Greensboro, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 8 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN